

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375) | | | | | | SERIAL NO. | | FILING DATE | |
|--|----------|------|------------------------|------|------------------------|--------------|--------------|-------------|------|
| | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | O | |
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| TOTAL NO. | 2 | | | | | | TOTAL NO. | | |
| TOTAL DEP. | 18 | | | | | | TOTAL DEP. | | |
| TOTAL CLAIMS | 20 | | | | | | TOTAL CLAIMS | | |